

LAST FRONTIER CASINO

♣ Cardroom ♦ Lounge ♠ Restaurant ♥
105 West 4th Street ♦ P.O. Box 1990 ♦ La Center, WA 98629
(360) 573-6442 ♦ (360) 263-3572 Fax

APPLICATION FOR EMPLOYMENT

(A complete application is required for each position; HR cannot make copies for you)

POSITION APPLYING FOR: _____ ARE YOU UNDER AGE 18? YES NO

DATE: _____ HOME PHONE: _____ MOBILE PHONE: _____

FIRST NAME: _____ MIDDLE NAME: _____ LAST NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

If you drive to work, Make of car: _____ Year: _____ Color: _____ License Plate #: _____

How did you hear about us? Walk-in Employee: _____ Advertisement in: _____

Other: _____

Have you ever worked for this company? YES NO

Department: _____ Position: _____ When: _____

Have you ever been barred from this company? YES NO If YES, When and Why: _____

Have you ever applied to this company before? YES NO If YES, When: _____

Do you have any relatives or friends working here? YES NO If YES, Name: _____

Are you able to perform the essential functions of the job with or without reasonable accommodation? YES NO

Do you have any reason that you cannot be available for full time work, Monday through Sunday? YES NO

If YES, Please Explain: _____

Will you work overtime if asked? YES NO

Have you ever been convicted of a crime other than a traffic citation? YES NO If YES, please list dates and crimes:

EDUCATION (Please Circle): High School Grade Completed: 1 2 3 4 College: 1 2 3 4

Skilled Training: _____

Computer Skills/Software Knowledge: _____

WORK EXPERIENCE

(Start with the most recent, and list ALL employers for the last 10 years, use extra sheets if necessary)

Date (Month and Year)	Employer Name and Address	Position	Reason for Leaving
From:			
To:			
Supervisor's Name:		Phone Number:	

Date (Month and Year)	Employer Name and Address	Position	Reason for Leaving
From:			
To:			
Supervisor's Name:		Phone Number:	

Date (Month and Year)	Employer Name and Address	Position	Reason for Leaving
From:			
To:			
Supervisor's Name:		Phone Number:	

Date (Month and Year)	Employer Name and Address	Position	Reason for Leaving
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Date (Month and Year)	Employer Name and Address	Position	Reason for Leaving
From:			
To:			
Supervisor's Name:		Phone Number:	

REFERENCES:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

IN CASE OF EMERGENCY, NOTIFY:

Name: _____ Relationship _____ Phone: _____

I certify that the information contained in this application is correct and complete, and I understand that falsification of this information is grounds for discharge. I understand that if I am required to complete a WSGC License Application that all answers must be complete and accurate, and contain no misleading or concealed information according to instructions, and that I am subject to discharge if I do not comply. I authorize the references from former employers and personal references listed on this application to give you any and all information concerning employment and any pertinent information they may have. I also authorize a complete criminal background check. I understand that employment with the Company is "at will". There is no contract binding employee and employer to and agreement of employment for a specific period of time. Employment can be terminated by either employee or employer, at any time, for any reason, with or without notice. If hired, I acknowledge that I am responsible for knowing the Company Policies and following them. If I have any questions about Company Policies, I understand that I am to ask my Manager and the Human Resources Department for clarification.

SIGNATURE: _____

DATE: _____

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Reference Information Release Form

Please leave the Company Name section blank so that we may contact any of the previous employers that you listed on your application. Be sure to sign and date the bottom of this form. Thank you.

May we contact your present employer? Yes No

Company Name: _____

Address: _____

Phone: _____ Fax: _____

Supervisor Name: _____

I, (please print): _____, request and authorize the release of information from my record(s) to any requests from Last Frontier Casino, which is considering me for employment.

I understand that this release of information can involve records or assessments of my abilities, performance, attendance, productivity, attitude, conduct, and other work-related characteristics or issues.

In exchange for Last Frontier Casino's consideration of my application for employment, I hereby agree not to file or pursue any complaints, claims, or legal actions against any organization or individual that provides work-related information about me to the Last Frontier Casino or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against Last Frontier Casino or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

Signed: _____

Date: _____

APPLICANT SELF IDENTIFICATION FORM

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Anti-Discrimination Notice. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

Last Frontier Casino is subject to certain nondiscrimination recordkeeping and reporting requirements which require the employer to invite applicants/employees to voluntarily self-identify their gender and race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the federal government for civil rights enforcement purposes.

If you choose not to self-identify your gender and/or race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all gender and race/ethnicity information will be collected and reported in the categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below under each section.

GENDER: **Male** **Female** **Not Specified**

RACE/ETHNICITY GROUP (select only one):

Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American: a person having origins in any of the black racial groups of Africa.

Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Two or more Races: a person who primarily identifies with two or more of the above race/ethnicity categories.

Name (please print): _____ Date: _____

Signature: _____